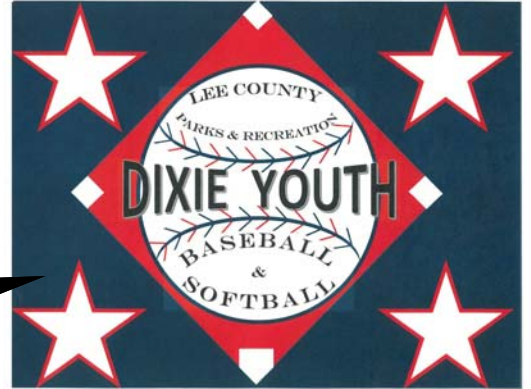


# REGISTER NOW!



**NEW  
PARTNERSHIP**

## **DIXIE YOUTH BASEBALL & SOFTBALL**

**Boys Ages 7-14**

**Girls Ages 7-15**

**Fee \$35**

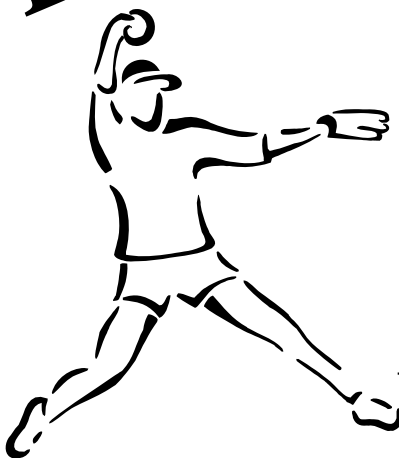
**Non County Fee \$50**

**Accepting Registrations  
Thru February 20th**

**Parks & Recreation Office  
2303 Tramway Road**

**For More Information Call 919 775-2107**

**New players are required to bring a copy of their birth certificate**



This is a non-school material that is neither endorsed nor necessarily reflective of the views of Lee County Schools.

# LCPR ATHLETIC PROGRAM REGISTRATION FORM

(Please Print)



Program \_\_\_\_\_

Participant Name \_\_\_\_\_

Sex: Male Female Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Parent's Names \_\_\_\_\_

Mailing Address \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone # \_\_\_\_\_  
Home Mother's Cell Father's Cell

E-mail \_\_\_\_\_

Do you reside within Lee County? Yes No

T-Shirt Size (circle one) YXS YS YM YL AS AM AL AXL AXXL

Boy Ages: 7-8 9-10 11-12 13-14 Ages determined as of 5/1/15

Girl Ages: 7-8 9-10 11-12 13-15 Ages determined as of 1/1/15

I am interested in being a head coach for a team: Yes No

Did your child play Base/Softball on a Lee County team last year in their current age group? Yes No

**ALL new players and players aging up will need to attend team placements.**

**Team or coach requests will NOT be allowed.**

If Applicable, please list the name of a brother/sister (ONLY) in the same league that you want on the same team \_\_\_\_\_

## **Please read and sign waiver**

I understand that participation in this recreational program involves the risk of injury. These risks include collision with other players, being hit by the ball, falling to the ground on to a fence, scratches, bruises, etc. I further understand that before participating in this program I should consult a physician for advice. By signing this form I acknowledge all risks of injury and death and affirm I am willing to assume responsibility should injury or death result from them. I also agree to follow all rules and procedures of the program and to follow reasonable instructions of the coaches and supervisors of the program. Furthermore, in return for the opportunity to participate in this program, I agree for myself, and for my heirs, assigns, executors and administrators, to waive any legal rights I may have to seek payment of any kind from the County, its employees or its agents for bodily injury or death resulting from this program, and to release those parties from any liability for damages resulting from my injuries or death. I understand that the county does not provide insurance.

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

Players must play with team they are assigned to. Any player may mail in registration form with fee.

**Make check/money order to Lee County Parks & Recreation**

Amount enclosed \$ \_\_\_\_\_

Mailing address is P. O. Box 1968, Sanford, NC 27331